

Alliance Medical Limited

Cheshunt Diagnostic Centre







Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Insufficient evidence to rate	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Overall summary

This was the first inspection for this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have oversight of environmental cleaning performed by the host hospital.
- The service did not monitor waiting times and number of people who left before being seen.
- The service did not have processes that made it easy for people to give feedback.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Diagnostic
imaging**

Good



See summary above for details.

Summary of findings

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Summary of this inspection

Background to Cheshunt Diagnostic Centre

Cheshunt Diagnostic Centre is operated by Alliance Medical Limited. It is a diagnostic and screening service in Cheshunt, Hertfordshire. The service primarily served the communities of East Hertfordshire. At the time of inspection, Cheshunt Diagnostic Centre served only NHS patients; there were no referrals for private patients. The service saw patients from one year old and up.

The service has a registered manager, who had been in post since the opening of the service in February 2019, and is registered to provide the following registered activity:

- Diagnostic and screening procedures

The service saw patients on a walk-in basis and had no overnight beds. The only service provided was X-ray imaging. Cheshunt Diagnostic Centre had one X-ray machine housed in a scanning suite with two changing rooms. There was a designated waiting area in the hallway outside the scanning room.

In the twelve months prior to the inspection, the unit had carried out 13,691 X-ray scans.

We carried out an unannounced inspection on 16 November 2021 using our comprehensive inspection methodology.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

- The service should ensure monitoring of environmental cleaning undertaken by the host hospital to provide assurance of infection prevention and control.
- The service should consider keeping records for emergency equipment in a more accessible location for staff assurance that there are sufficient quantities of these to ensure the safety of service users and to meet their needs.
- The service should consider keeping records for the automated external defibrillator (AED) in a more accessible location for staff assurance the machine was in good working order in case of emergency.
- The service should consider offering dementia training to all staff to enable and support patients in their treatment plan.
- The service should consider ways to better gain patient feedback and make it easier for complaints and concerns to be raised to the service.
- The service should ensure they have processes to make sure they follow up with the referring clinician when vulnerable patients do not attend their scan.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	Insufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

This was the first inspection for this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training and we saw their completed training records. The service's e-learning system sent automatic reminders to staff to complete training at 60-day and 30-day intervals when training was due. Managers monitored mandatory training and alerted staff when they needed to update their training.

The mandatory training was comprehensive and met the needs of patients and staff and covered topics including basic life support, fire safety, duty of candour, safeguarding and infection control. All staff in the service were 100% compliant with completing mandatory training e-learning modules. The frequency and number of mandatory training courses was varied based on the staff job and role. Staff had read the local rules and employer's procedures. Staff received training on radiation risks.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding adults and children formed part of the mandatory training programme for all staff. Radiographers were trained to level three for safeguarding adults and children. Staff could access a named lead for safeguarding adults and children through Alliance Medical Limited.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff followed safe procedures for children visiting the service. Staff adhered to the local safeguarding policy developed by the host hospital. Additionally, the corporate safeguarding policy included a flowsheet on escalating safeguarding concerns. Staff in the service explained their role in reporting safeguarding and how they would escalate concerns. The service had not made any safeguarding referrals in the 12 months prior to our inspection.

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Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Patients we spoke with said the environment was clean. In response to the covid-19 pandemic, the service put systems in place to minimise risks and prevent infection. Staff checked if patients had symptoms or had been in contact with someone with symptoms of covid-19. The service worked to restrict the number of staff and patients in an area and encouraged social distancing in line with government guidance.

Radiographers were responsible for cleaning the diagnostic equipment. We reviewed three sets of cleaning records and all were up-to-date and demonstrated these areas were cleaned regularly. Items seen were visually clean and dust-free.

The service had an agreement with the host hospital to clean the diagnostic imaging department. Staff did not audit the host hospital's cleaning records to ensure the cleaning was done. However, staff told us they saw the host hospital's cleaning staff in the department every evening prior to closing. Following our inspection, the service requested for the host hospital to start a cleaning log for the X-ray department.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed clinical staff to be bare below the elbow and wearing appropriate PPE for each scan. The service used single-use equipment where appropriate, for example with disposable gowns for patients and paper sheets on the scanning table.

The service completed a monthly IPC audit. The audit covered 21 areas, such as ensuring the environment was clean and tidy and that there was enough PPE. We reviewed four audits which showed good compliance. The service also had a yearly IPC audit which showed 92% compliance against seven standards between July 2020 and July 2021. The audit noted areas for improvement with an action plan to achieve better compliance.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. Managers ensured the design of the service was in line with the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. The scanning room had control measures including warning lights and signage to identify areas where radiological exposure was taking place. This ensured that staff and visitors did not accidentally enter a controlled zone when there was exposure to radiation.

Staff carried out daily safety checks of specialist X-ray equipment. The radiologist completed safety checks and kept logs on site. The service performed a lead apron audit screening to ensure protective equipment was in good working condition.

The service had some emergency equipment available in case of a deteriorating patient. In case of an emergency, the service would call 999. The emergency grab bag was sealed with numbered tabs which were recorded by the radiographer in a daily checklist. The contents of the grab bag and the automated defibrillator were checked monthly by the radiation protection supervisor (RPS) and logged on the service's electronic records. However, as there was no access on site to the content logs, it was unclear which medications and equipment were supposed to be in the grab

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bag. This meant the radiographer could not be assured enough equipment was available to follow correct intermediate lifesaving procedures in the rare case of an emergency. There was no record on site to ensure the automated defibrillator was in good working condition and there was no assurance the radiographer checked records for the defibrillator.

The service had suitable facilities to meet the needs of patients. There were two private changing rooms, which included lockers patients could use whilst in the department. Patients could access an emergency call bell in the changing rooms.

The service had suitable equipment to carry out diagnostic imaging. There was a clear process for reporting faults, and we saw records where the contracted maintenance company acted quickly to fix equipment.

Staff disposed of clinical waste safely. The nature of the service meant they did not have a need for a sharps bin on a regular basis. The sharps bin was for emergency use only and the service had an agreement with the host hospital for collection and safe disposal for sharps and clinical waste. The service managed waste according to the host trust's policy.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

In the daily staff huddle, staff assigned responsibilities and roles if to respond promptly to any sudden deterioration in a patient's health. Staff were clear on the pathway for escalating a deteriorating patient and would call emergency services.

Staff completed risk assessments for each patient on arrival, using a recognised tool. Staff used a 'pause and check' system in line with the Society and College of Radiographers (SCoR). Pause and check consisted of a six-point check patient identification check which was recommended to help reduce referrer errors and ensure the appropriate scan was done for the right patient. All patients underwent the risk assessment and gave consent to the diagnostic test.

The service had local rules for the X-ray equipment which described safe operating procedures in line with national guidance. The service had an appointed radiation protection supervisor (RPS) and a radiation protection advisor (RPA). Staff in the service told us they could access an RPS for radiation advice at all times, in line with best practice.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough radiographers and support staff to keep patients safe. The unit had two radiographers, a manager and two administration staff employed full time. Managers ensured they had enough staff with the right skill mix. The number of staff was fixed as the service operated as a walk-in centre only and did not have pre-planned appointments. The service had no vacancies and did not use bank or agency staff.

The service did not directly employ any radiologists and instead, this was contracted out on a corporate level by the provider, Alliance Medical Limited. Staff told us they were able to contact medical staff to urgently read films if necessary.

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Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely on the service's electronic record system. Staff documented patient data including scan results.

The service received electronic and paper referrals from GPs and the host hospital's minor injury unit. The service provided referrers with electronic diagnostic imaging reports sent securely. For non-urgent reports, staff sent records in a timely way within two to seven days. The service had a process to escalate scans where there were emergent results. Staff would refer patients to A&E or to the host hospital's minor injury unit to have the scan read as soon as possible. They would also escalate scans to the contracted radiology service where the turnaround time for urgent reporting was generally less than 24 hours.

Medicines

The service used processes to safely record and store medicines.

The service did not regularly administer any medications.

The service kept an emergency grab bag in the scanning room in case of a deteriorating patient, including lifesaving medications of adrenaline and glucogel. Staff stored and managed medicines in line with the provider's policy. When medicines were not used or past their expiry date, the host hospital provided the ability for safe disposal of the medications. Medicines we reviewed were all in date.

The RPS checked medicines monthly to ensure they were in date and stored correctly. However, as the medicines checks were done on an electronic record system, this information was not readily available to staff. This meant staff could not be assured the right medications were available for emergency medical use.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents through the electronic incident reporting system in line with the service's policy. During the year prior to our inspection, the service had no never events or serious incidents.

Staff discussed incidents as part of their daily huddle as well as regularly at monthly staff meetings. Managers shared learning with their staff about incidents from other Alliance Medical Limited locations. Managers investigated incidents thoroughly and staff received feedback from investigations.

Staff understood the Duty of Candour. Staff knew to be open and transparent and give patients and families a full explanation if things went wrong.

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Are Diagnostic imaging effective?

Insufficient evidence to rate 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service. These were based on current legislation, national guidance and best practice, these included policies and guidance from professional organisations such as the Royal College of Radiologists and the Society and College of Radiographers (SCoR). We saw that the local rules were up to date and reflected the equipment, staff and practices at the centre.

The service's policies and procedures were subject to annual review by the radiation protection lead (RPA) from an acute hospital trust and the latest review in March 2021 showed compliance. Staff ensured the referral for each patient was assessed to ensure the scan requested was justified and within the unit remit and criteria. Staff incident reported any scans that did not meet criteria and learned from feedback.

Nutrition and hydration

Due to the nature of the service, staff were not required to provide patients with food and drink to meet their needs and improve their health. However, staff acknowledged that some patients who used the service also came to the host hospital for other diagnostic tests and may have had to fast. Staff told us that occasionally, they offered patients tea, coffee or water and biscuits after their scan. There was also a vending machine and water machine in the host hospital staff directed patients to.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

The service did not hold any pain medications on site. However, staff assessed patients' pain and assisted patients into comfortable positions for imaging whenever possible.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These were reviewed at weekly quality meetings and discussed in regular staff meetings.

Managers shared and made sure staff understood information from the audits. These formed part of staff meetings and were integrated into weekly team discussions. Alliance Medical Limited obtained monthly audits for the contracted radiology reporting service which included image quality. The service had only started to do local image quality audits shortly after our inspection. In the November 2021 audit, 49 scans were audited and all were grade four (good) for overall diagnostic value of the exam.

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Competent staff

The service made sure staff were competent for their roles. Managers appraised staff performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The process for employing staff was robust and included several stages of assurance before interviews were given, including reference and certificate checks. Managers gave all new staff a full induction tailored to their role.

Managers supported staff to develop through appraisals of their work. The unit manager met with staff for a six-month and yearly appraisal and review objectives. Staff did not always find appraisals constructive, however they felt well-supported and were able to bring up any topics about their work they wanted to discuss.

The service supported radiographer staff to develop through regular, constructive clinical supervision of their work with the radiation protection supervisor.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Radiographers and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Due to the nature of the service, there was little requirement for multidisciplinary meetings to discuss patients. When there was a need for involvement, radiographers reached out to a patient's GP or with the staff from the host hospital's minor injury unit to relay important information. When there were urgent results, the service would contact the relevant emergency services to send digital X-ray films with the patient.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was open 9am to 7pm Monday through Friday and 9am to 6pm Saturday and Sunday. The service supported local GP practices and the host hospital's minor injury unit so that patients could receive timely X-ray scans.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained verbal consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Staff ensured patients were clear on what and why they were receiving a scan and risks were discussed prior to scanning.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards and all staff had completed this training. Staff understood and supported children who wished to make decisions about their treatment. Consent forms we reviewed for those under the age of 16 ensured consent was sought in line with best practice.

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Are Diagnostic imaging caring?

Good 

This was the first inspection for this service. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with three patients and their family members on inspection and feedback was very positive. Patients said staff treated them well and with kindness. Patients told us staff were professional and efficient.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients told us staff helped them to maintain their dignity and modesty during scans. Staff met patients' needs by allowing a family member or carer to stay in a safe area in the scanning room if it made the patient feel more comfortable. The service had an up-to-date, version-controlled chaperone policy.

Email survey feedback provided by the service showed that patients were very satisfied with their overall experience and were extremely likely to recommend the service to family and friends.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help and emotional support when they needed it. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Due to the nature of the service, patients spent a very short time in the scanning centre and therefore there was no routine access to counselling support. However, staff provided reassurance and support for nervous or anxious patients.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Prior to their X-ray the radiographer asked patients what scan they were having and if they understood why they were having it. Staff involved patients and their family members. Staff supported having a family member or a carer to stay in a safe place in the scanning room during a scan, for example to support children or patients needing assistance.

Patients gave positive feedback about the service. All patients we spoke with were complimentary of the scanning process and felt they were involved with and understood their scan. Patients were aware of how and when they would receive their results.

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Are Diagnostic imaging responsive?

Good 

This was the first inspection for this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service worked hard to include local GPs and the minor injuries unit at the host hospital in order to provide the best service possible to people living in the area. The service worked with the host hospital to minimise the number of times patients needed to attend the hospital. Patients we spoke with were impressed that they could book an appointment with the host hospital and get their X-ray scan in the same day.

Facilities and premises were appropriate for the services being delivered. There was a ramp into the hospital and the service was on the ground floor. Changing rooms were spacious and wheelchair accessible.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patients wearing a hearing aid.

Managers made sure staff, and patients and carers could get help from interpreters when needed. Staff could access an interpreter by telephone, however they said they rarely used this service.

As the service did not take appointments and operated as a walk-in service only, patients with special needs were not always identified prior to their arrival. At the time of our inspection, clinical staff were not offered training on recognising and responding to patients living with dementia.

Access and flow

People could access the service when they needed it and received the right care promptly. The diagnostic imaging was offered on a walk-in basis and waiting times were based on demand at the time of attending.

The service operated on a walk-in basis only and there were no pre-planned appointments. When there was a large influx of patients, staff worked to see patients as quickly as possible. Managers did not monitor waiting times of patients within the department, however they said they would consider it in the future. Administrative staff also said that while waiting times in the department were not measured, they did not think anyone waited more than 20 to 30 minutes once they had checked in. During our inspection we observed no one waited more than 10 minutes.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients spent minimal time in the department and left right after their scans. Patients we spoke with were happy with how quickly they were seen.

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The service did not monitor the number of patients who left the service before being seen. However, we were told that if a patient did not want to wait, their scan request form was returned to the patient so they could pick another time to attend. The service did not have processes in place to notify referring clinicians if vulnerable patients did not attend their scan.

Learning from complaints and concerns

The service had leaflets on how to provide feedback. However, since the start of the Covid-19 pandemic, the host hospital asked the service not to display leaflets due to infection prevention and control. During our inspection, we saw the feedback leaflets, however they were not given out to patients on a regular basis. This meant that it was not always clear how patients could make complaints or voice their concerns. There was no visible information on how to make a complaint.

Staff understood the policy on complaints and knew how to handle them. Staff received training for complaints handling and this was completed by all staff in the department. In the year prior to our inspection, the service had received no complaints.

Are Diagnostic imaging well-led?

Good 

This was the first inspection for this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for staff.

The unit manager had responsibility for the overall management of the clinic. There was a simple management structure with clear lines of responsibility and accountability. Staff told us the unit manager was visible, approachable and supportive. The unit manager led the monthly staff meeting and staff were able to raise and discuss any issues with them.

Vision and Strategy

Although there was no local vision and strategy, staff in the service were focused on sustainability of services aligned to local plans within the wider health economy.

Staff had a clear focus on promoting the corporate values in the service. Staff were aware of and able to name the values: openness, excellence, efficiency, learning and collaboration. Staff were focused on providing a sustainable service aligned to support the local community.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Most staff we spoke with were generally happy working in the service. Staff enjoyed their co-workers and the team worked together to put the needs of the patient first. Staff told us there was not much chance for career progression, however they were happy in their roles and felt supported. The unit manager was supportive for staff to go on additional training courses.

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The service had an open culture and staff were comfortable raising concerns without fear.

Governance

Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The unit manager oversaw the service's governance. There were Alliance Medical Limited governance systems and processes which supported the local governance lead. The manager, along with other Alliance Medical Limited managers, met weekly with the corporate director of quality and risk for provider-wide updates. The unit manager provided feedback and learning to the service's staff through huddles, emails and team meetings.

Staff in the service accessed corporate and local policies. The manager of the service developed local policies based on corporate guidance and best practice and all policies we reviewed were up to date.

Governance of service level agreements (SLAs) were well-managed. We reviewed two SLAs including between the service and host hospital. The manager of the service met on a quarterly basis with the CCG to discuss activity levels, referral processes, finance, contracts, quality and the quarterly report.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a corporate risk register and a local risk register, which was reviewed annually. None of the local risks identified to be high risk enough to be included on the corporate risk register. Risks on a local level reflected risks identified on inspection, for example risk for X-ray machine failure and risk of radiation exposure. Managers encouraged staff to discuss risks at the monthly staff meeting as part of the standing agenda.

In the yearly quality assurance report for Cheshunt Diagnostic Centre, the service scored 100% for the health and safety audit which measured compliance against legislative health and safety requirements.

The service had a business continuity plan in place which was reviewed annually and had been amended in response to the Covid-19 pandemic

Information Management

The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The service's business continuity plan identified the risk of losing IT systems due to outages or failures and had plans in place to mitigate the risks. There was a data protection officer appointed, in line with requirements to meet the General Data Protection Regulation (GDPR). The service scored 100% compliance for information governance security in their yearly quality assurance report.

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Engagement

Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with the host hospital and local GPs to help improve services for patients.

Staff were encouraged to participate in the corporate Alliance Medical Limited annual staff survey, with 69% response across the entire company. Alliance Medical Limited put an action plan in place to address any concerns raised.

The service collaborated with the local council and clinical commissioning group (CCG) to reintroduce a GP service for quick referral for diagnostic imaging. The service collaborated with the local hospital to provide an improved patient service where patients could have several diagnostic tests in one location.

The service emailed patients a link to provide feedback of their experience. However, feedback from email surveys was low, with about 5% uptake. Patients expressed through their feedback that access to community health and a local service was in line with their needs.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service was supporting a graduate radiographer to gain experience at the centre and at another local diagnostic centre.